

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039610

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254
FILED OCT 17 1962Primary Registration District No. 5877Registrar's No. 58VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Oregon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN AltonLength of stay in 1b
57 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Oregon

c. CITY OR TOWN Alton

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Rural Route # 3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Barney

Middle

Delbert

Last

Braswell

4. DATE OF DEATH

Month

Oct.

Day

9

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-20-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Thayer, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Peter L. Braswell

13b. MOTHER'S MAIDEN NAME

Flora E. McClellan

14. NAME OF HUSBAND OR WIFE

Bernice Whitten

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Bernice Braswell, Alton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis -

INTERVAL BETWEEN ONSET AND DEATH
5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis -

5 yrs -

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1st 62 to Oct 9-62 and last saw him alive on Jan 1st 62
Death occurred at 11:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Ellison D.O.

22b. ADDRESS

Thayer Mo

22c. DATE SIGNED

10-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-12-1962

23c. NAME OF CEMETERY OR CREMATORY

Hickory Grove

23d. LOCATION (City, town, or county)

Alton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carter Funeral Home, Thayer, Mo.

25. DATE RECD. BY LOCAL REG.

10-11-62

25. REGISTRAR'S SIGNATURE

Ray D. Bladen per R.H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 30 1962

OCT 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward Carter

Licensed Embalmer No.

4516

P. O. Address

West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.